



KyHealth Choices

Bimonthly Update

November/December 2007

Michelle P Waiver

The Michelle P. Waiver is designed to provide non-residential supports and services needed by individuals with mental retardation or developmental disabilities to enable them to live in the community rather than an Intermediate Care Facility for those with mental retardation or developmental disabilities (ICF/MR). The anticipated start date for this new waiver program is April 1, 2008.

Acquired Brain Injury (ABI) Long Term Waiver

DMS submitted this new waiver application to CMS on July 18. The ABI Long Term Waiver is designed to provide long-term supports for individuals with brain injuries once they have worked through the intensive rehabilitation phase. The waiver application is currently under review by CMS.

Kentucky Transitions - Money Follows the Person (MFP) Grant

Kentucky submitted the draft operational protocol for Kentucky Transitions - its Money Follows the Person Grant - to the Centers for Medicare and Medicaid Services (CMS) for review at the beginning of November. The protocol was developed with the assistance of a broad-based steering committee and eight work groups composed of state staff, advocates and providers from all sectors of Kentucky's long-term care and disability communities. The protocol includes information about project goals and policies and procedures, including participant recruitment and enrollment, informed consent and guardianship, outreach, benefits and services, quality management, and housing, among others. It proposes development of three transition waivers, designed to provide the extra services and supports needed by individuals who transition from nursing facilities and ICF/MRs to the community. Additional information requested by CMS will be submitted in late December on Kentucky's benchmarks.

This \$49 million, five-year grant was awarded to Kentucky by CMS in May. Kentucky plans to transition 546 people who want to live in the community from nursing facilities and ICF/MRs to community services with this funding. We will begin transitioning individuals as soon as operationally possible upon approval of the protocol by CMS.

Medicaid Works

Medicaid Works is a new program which allows individuals who are disabled and are working to pay a premium and "buy in" to the Medicaid program. Participation is limited to individuals who:

- have certification of disability as defined by the Social Security Administration;
- are at least 16 but not yet 65 years of age;
- are engaged in paid work (includes part-time and full-time work); and
- meet income and resource standards established by the Department: 250 percent of the Federal Poverty Level, which is currently \$2,127 per month for one person

Nominal monthly premiums are based on income, as follows:

- Income <100% of the Federal Poverty Level (FPL): 0
- 100-150% FPL: \$35
- 151-200% FPL: \$45
- 200-250% FPL: \$55

Self Directed Option

In addition to the CDO program within the three waivers, Kentucky is working to develop the next step in self-determination. DMS has developed a state plan amendment to provide services for individuals with disabilities through a pilot self-directed option (SDO). The pilot is planned to serve 200 individuals in various parts of the state who are eligible for HCB, ABI and SCL waiver services. Through SDO, these individuals will create a highly personal budget and service plan specifically designed to meet their unique health needs. The demonstration is predicated on increasing safety and health by making effective use of committed long-term relationships and community connections to provide flexible and effect individually designed support services. We have been involved in discussions with CMS for the past several months about the parameters of the self directed option. Our formal State Plan Amendment was submitted in mid-November.

Regulations Update

The following regulations were submitted to LRC recently. The emergency regulations were submitted, thus implementing the changes effective on the date the regulation was filed. The ordinary regulations will be going through the public comment process and legislative review. To view a copy of the emergency and ordinary regulations, visit the DMS Regulations, Statutes and Incorporated Material page at <http://chfs.ky.gov/dms/Regs.htm>.

- **907 KAR 1:011**- Technical Eligibility Requirements - Filed 11/20/07
- **907 KAR 1:013** - Diagnostic-related group (DRG) inpatient hospital reimbursement - Filed 11/15/07
- **907 KAR 1:038** - Hearing and Vision Program services - Filed 11/20/07
- **907 KAR 1:039** - Payments for hearing services - Filed 11/20/07
- **907 KAR 1:044** - Community mental health center services - Filed 11/26/07
- **907 KAR 1:061** - Payments for ambulance transportation - Filed 10/17/07
- **907 KAR 1:054** - Primary care center and federally-qualified health center services - Filed 11/20/07
- **907 KAR 1:082** - Rural health clinic services - Filed 11/20/07
- **907 KAR 1:160** - Home and community based waiver services - Filed 12/5/07
- **907 KAR 1:604** - Recipient cost-sharing - Filed 11/20/07
- **907 KAR 1:605** - Medicaid procedures for determining initial and continuing eligibility - Filed 09/07/07
- **907 KAR 1:631** - Reimbursement of vision program services - Filed 11/20/07
- **907 KAR 1:640** - Income Standards for Medicaid - Filed 11/20/07
- **907 KAR 1:645** - Resource Standards for Medicaid - Filed 11/20/07
- **907 KAR 1:815** - Non-Diagnostic Related Inpatient Hospital Reimbursement - Filed 11/15/07
- **907 KAR 1:820** - Disproportionate Share Hospital Distributions - Filed 11/15/07
- **907 KAR 1:900** - *KyHealth Choices* Benefit Plans - Filed 11/20/07

Goods and Services

“Goods and Services” is a new CDO service which is being incorporated into the Medicaid waivers. It involves purchasing items or services which reduce the waiver participant’s need for personal care or enhance his or her independence within the home or community. The specific items purchased are highly personalized based on the participant’s individual needs and are written into the participant’s support spending plan.

CMS has approved Kentucky’s goods and services amendment for the HCB and SCL waivers. The amendment has been submitted for the ABI waiver and this service definition was incorporated into the new Michelle P and ABI Long Term waiver applications discussed above. This service will begin as soon as DMS completes system changes to allow payment for the items purchased and trains support brokers in the process.

Medicaid Administrative Simplification Work Group

In September, a group of consumers, consumer advocates, providers and state staff representing the Supports for Community Living, Acquired Brain Injury and Home and Community Based waivers began meeting to increase consistency and simplify administrative process across Medicaid's current and planned waivers.

The goals of this simplification effort were:

- to make participation as simple as possible for waiver providers as a tool to enhance provider recruitment for individual waivers and across waivers; and
- to maintain continuity of services for members who move from waiver to waiver as their needs change.

The Work Group's final report included 37 recommendations for streamlining and consistency in waiver administration, covering such topics as:

- training and continuing education requirements
- case manager qualifications
- ancillary services
- incident reporting
- provider staff requirements and
- provider licensure and certification.

The large majority of the Work Group recommendations were accepted by Medicaid. The Department is now working on implementing these recommendations through state plan amendments, regulation changes and information system changes.

Medicaid Member Handbook

The Medicaid (*KyHealth Choices*) Member Handbook is now available on-line in English and Spanish. The handbook contains practical information about *KyHealth Choices* benefit plans, important telephone numbers and Web sites, prior authorization, how to get transportation services, choosing or changing your primary care provider (PCP), emergency room use, 24-hour nurse information line and other important topics useful for members, providers and case managers alike.

To view a copy of the handbook, click on one of the links listed below.

[KyHealth Choices Member Handbook - English](#)

[KyHealth Choices Manual para Miembros - en español](#)

To request a hard copy of the manual, contact the *KyHealth Choices* call center at (800) 635-2570 from 8:00 am to 6:00 pm (EST) Monday - Friday.

MMQA and Lung Cancer Awareness Month - November

MMQA sent out 84,826 postcards throughout the month of November to all Medicaid eligible members statewide between the ages of 25 to 45 excluding the Passport region. The quick tip reference postcard includes information on preparing yourself to quit smoking and offers the best chance of success for quitting. Also, included are questions to ask your health care provider and helpful resources for Kentucky's Tobacco Quit Line.

Nurses Act as MMQA Liaisons



MMQA Staff, DCOE Staff, and KC Wellness Staff at the Floyd County Health Department DCOE Health Fair, Oct. 12, 2007.

The Department for Medicaid Services (KyHealth Choices), Division of Medical Management and Quality Assurance (MMQA), has eight regional nurses located throughout the state serving approximately 15 counties per region. The nurses serve the Medicaid members and providers in their local communities by acting as a liaison with the Frankfort office. Most recently, they have been involved with the Diabetes Centers of Excellence hosting health fairs at these locations. Several of the regional nurses are active members with the Kentucky Diabetes Network. MMQA has promoted a Diabetes Disease Management Program for the past two years following 214 Diabetes Medicaid Members in two pilot counties (Bell and Floyd). The regional nurses in these areas provide member and provider education, coordinate medical services for Medicaid members, collect member data for review, and are our “Eyes and Ears” across Kentucky. The services they provide our members and providers are invaluable.